

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Gila</u>		BUREAU OF VITAL STATISTICS	State Index No. <u>169</u>
District of _____		ORIGINAL CERTIFICATE OF BIRTH	County Registrar No. <u>626</u>
Town of _____			Local Registrar No. _____
or _____			
City of <u>Globe</u>	No. _____	St. _____	Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)			
2. Full name of child <u>Walter David Tatum</u>		If child is not yet named, make supplemental report, as directed.	
3. Sex of Child <u>Male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	6. Legitimate? <u>yes</u>
5. No., in order of birth _____		7. Date of birth <u>Sept. 30</u> <u>1928</u>	Month Day Year
8. FATHER		14. MOTHER	
Full name <u>William Franklin Tatum</u>		Full maiden name <u>Alla Moore</u>	
9. Residence (Usual place of abode) <u>Globe</u>		15. Residence (Usual place of abode) <u>Globe</u>	
If nonresident, give place and state <u>Arizona</u>		If nonresident, give place and state <u>Arizona</u>	
10. Color or race <u>white</u>	11. Age at last birthday <u>38</u> (Years)	16. Color or race <u>white</u>	17. Age at last birthday <u>26</u> (Years)
12. Birthplace (city or place) <u>Rio Higo</u>		18. Birthplace (city or place) <u>Granville</u>	
(State or country) <u>Texas</u>		(State or country) <u>Oklahoma</u>	
13. Occupation		19. Occupation	
Nature of industry <u>Miner</u>		Nature of industry <u>Housewife</u>	
20. Number of children of this mother		21. Were precautions taken against ophthalmia neonatorum?	
(Taken as of time of birth of child herein certified and including this child.)		<u>yes</u>	
(a) Born alive and now living <u>3</u>		(b) Born alive but now dead <u>0</u>	
(c) Stillborn <u>0</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>10:15</u> p.m. on the date above stated.			
(Born alive or stillborn.)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.		Signature <u>C. W. Adams</u>	
		(Physician or midwife)	
Address <u>Globe, Arizona</u>			
Given name added from a supplemental report _____		Month, day, year.	
Registrar.		Filed <u>10-11</u> 19 <u>28</u>	
		Filed <u>10-11</u> 19 <u>28</u>	
		Local Registrar.	
		County Registrar.	

634-930-145